

PARALEGAL SPECIALIST
DESIGNATED OFFICE
800-305-5463

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL ID.	3						TOTAL IND.					
TOTAL DEP.	2	↓		↓		↓	TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS	5	████████	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████	████████